2411 N. Charles St., Baltimore (Sa)

CERTIFICAT	Reg. Diat. No. 333
1. PLACE OF DEATH: Wisconsee	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Mill County Wisconsis
How long in above piace of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. Hebren med Bural
How long in hospital or institution?	(If wurst, give LÖCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Charles Le Roy a	13. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or directed	MEDICAL CERTIFICATION
male while manies.	20. DATE OF DEATH
8.(b) Name of husband or wife Steven C. attainer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and thet I last saw harmalive on CM G (MM 14). 19 46.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
46 4 13min.	Cerolmal Hewarhar?
9. Birthplace Snau Mill uncesting the Mown, county, and state)	Due to.
1D. Usual occupation	Due to.
11. Industry or business	
12. Name Palent Callinson 13. Birthplace Warcesty w. md	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Many Elizabeth Maddley. 15. Birthplace Somerack w. md	Major findings of operations.
16. Informative Charles Riatting	Autopsy results
Address Hebren md. R. D. 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buriel Date thereof 8/4/41	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director	dia C. in
Address Sallabully mod	3. SIGNATURE Williams EMPLELS
19. (Date rec (by registrar) 19 16 16 28 29 20 18 18 18 18 18 18 18 18 18 18 18 18 18	Address Helvy - 72 Date signed Occa - US

VS A15

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG II 1945

BUREAU V. S.

08380

CERTIFICATE OF DEATH

M. D. of other

Date signed.

	Atog. Plate 140- annumbalist had been a
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For payborn in this give residence of mother)
County	ma Midenniae
City or town	State County
ow long in above place of death?	City or town
ospital, institution, or street address who death occurred:	Street No. 103 & Locust ST
103 E. Locust St	(If rural, give LOCATION)
w long in hospital or institution?	2.(a) If veteran, name war
. (a) FULL NAME	3. (b) Social Security Number
drover C. Bal	Cerch 216-07-0938
Sex 5. Color or race 6.(a)Single, married, wildowed, or divorted	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. Qug // 1945 at 10 4 2
J. J. 10.10. B.	I CERTIFY that death occurred on the date above stated; that I attended deceased from
(b) Name of husband or wife	19
Birth date of	ears and thet I last saw hand alive on 19
deceased (mo., day, yr.) 100. 13, 1884	Immediate cause of death
AGE: Years Months Days If less than one day	On + Q d
60 8 29n	nin.
Birthplace Baltimer, Md,	Due to Laulium
(Towe, county, and state)	
. Usual occupation.	Que to Chrisine Muyrearoules
. Industry or business Mount Author Theath	
12 Name Edward 7 Bollard	Other conditions
12. Name Colword & Bafford 13. Birthplace Moreland	
	(Include pregnancy within 3 months of death)
14. Maiden name. O. M. Metter Moure. 15. Birthplace Manyland	Major findings of operations
15. Birthplace Mayland	Date of op.
Informant MB & C. Bafford	Aotopsy resolts.
Address Salisburg md	PHYSICIAN: Ptease ooderlice the caose to which death shoold be charged statistically.
Burial Date Miles 8/14/4	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remove) Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Salishun met	Injured at home, farm, industry, public place (where?)
41. 11:11 11.	Means of Injury Injured at work?
8. Funeral director	0 1
Address Solybury Ma	Le alleax.

Address.

VS A15

(Date sec'd by registrar)

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BUREAU V. S.

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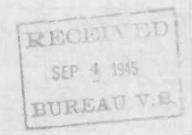
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

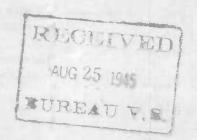
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborp-infants give residence of mother)
County for day the special for	State I Dilana County Sund
(If outside city or town lights, write RURAL and give nearest town)	10.000-1
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospitat Institution, or street address where death occurred:	Street No. Jessel
Diningula Diningl Stop	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Jank Seslie Bang	Sec 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
V att D Balis	
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the late above stated; that I attended deceased from
7. Birth date of	end that I last saw h. Are alive on 19.
deceased (mo., day, yr.) 400 . 6 - 1878	Immediate cause of death
8. AGE: Years Months Days If less than one day	Harris Carlinal
69hrsmin.	
9. Birthplace Milmington Loil	Due to Asharako
Town, county, and state)	\mathcal{A} , \mathcal{A}
10. Usual occupation. All Mark	Due to Hellelenson accel
11. Industry or business Penn - Paulson Co	antition of association
12. Name Benjamin To Basky 13. Birthplace Harrington Sel	Dither conditions
13. Birthplace Amington Sel	
	(Include pregnancy within 3 months of death)
6 01 - 6 10	Major findings of operations
N T T T T T T T T T T T T T T T T T T T	Date of op.
16. Informant 2002 F	Autopsy results
Address Llusma, Lly	
17. Busie Date thereof aug 30-1945	22. VIOLENCE: Il death was due to external causes, lill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or seemstary	Whera did injury occur?
Location Harrington del.	Injured al home, larm, Industry, public place (where?)
2016-02	Means of Injury Injured at work?
100	Davis Ille sections
Address alleman held.	B SIGNATURE (ANUL) WELL WELL KILL
18 8 28 50 H6 Hargiel 2000	M. D. of other
(Date rec'd by registrar)	Address Date signed



2411 N. Charles St., Baltimore 8300

08382

CERTITION	E OF DEATH Reg. Dist. No. 3.3.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (1f outside city or pown limits, write ROKAL and give nearest town)	State
How long in above place of death? Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male al Dont kname	20. DATE OF DEATH
6,(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
about 47 min.	Central remarking
9. Birthplace Almah (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business Same as aleane	
12. Name On Baran	Other conditions
12. Name aurbanania V 13. Birthplace en known	(Include pregnancy within 8 months of death)
E 14. Maiden name uhanauls	Major findings of operations
15. Birthplace Quality Amarus	Date of op.
16. Informant Pygnanaksla General Harfutal	Autopsy results
Address Salisbury Ind	22. VIOLENCE: If death was due to external causes, fill in the following:
(Barial, cremation, or removal. Which)	Accident, suicide, or homicide
Cemetery of crematory Included	Where did injury occur?
Location Salialury and	Injured at home, farm, Industry, public place (where?)
18. Funeral director Landon Dallinsail	Means of Injury Injured at work?
Address Dal alung and	23 SIGNATURE Legal July
	23 SIGNATURE M. D. or other



2411 N. Charles St., Battimore (59.8)

Date signed 5-23-45

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	Stale Md County Willamica City or town Ollen and
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town) Street #0
How long in hospital or institution?	2.(a) It veleran, name war
Months Ella he Brewington	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or dropped fumale a. a. Midam	MEDICAL CERTIFICATION 20. DATE OF DEATH 8-2/ 19-45, al. 6-78
6.(6) Name of husband or wife hard finds Balling age years	21. I CERTIFY that death occurred on the dale above staled; that I altended deceased from
7. Birth date of deceased (mo., day, yr.) about 1871	Immediate cause of death August Augus
8. AGE: Years Months Days If less than one day Cleart 74	
9. Birtoplace (Town, county, and state)	Due to. Alander
11. Industry or business Same as aleane	Due to
12. Name Samuel Barrols 12. Barrols 13. Birthplace allen and	Other conditions
14. Maiden name Maranda Wainlunghil 15. Birthplace Quantila me	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace Quantile me	Date of op.
16. Informant Practical Address Alle Cand	Autopsy results
17. Burial, cremation, or project l. Which?) Date thereof Original March (day) (year)	22. VIOLENCE: If death was due to external causee, fill in the tollowing: Accident, suicide, or homicide
Cemetery or crematory of Selection States	Where did injury occur?
Location (Language And Language	Injured al home, farm, Industry, public place (where?) Meens of Injury Injured at work?
Address Salialung md	23. SIGRATURE Furnell M.D.
19. (Date rec'd by registrar) Registrar	Address Date signed 5-28-4

VS A15

PLEASE WRITE PLAINLY, WITH UNF is especially important.

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WITH UNFADING INK. Supply every item of information carefully. The corrimportant. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08384

CERTIFICATE OF DEATH

Reg. Diat. No.... 330

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:
City or town	nits, write RURAL and give nearest town) eath occurred:	State	Write RURAL and give nearest town)
3. (a) FULL NAME	Clian J. Brown		3. (b) Social Security Number 216-03-6224
7. Sex 5. Color or race Colored	6.(a)Single, married, widowed, or divorced Married		RTIFICATION 6 19.45 91.5:45 A.N
5.(b) Name of husband or wife	5. Brown 8.(c) If alive, give age 54 years 15, 1890	21. I CERTIFY that death occurred on the date above 19 and that I last saw h. HDalive on	e stated; that I attended deceased from 15 to 19 55
8. AGE: Years Months 55	Days if less than one day 2/hrsmin.	Immediate cause of death	Caddes)
10. Usual occupation	um	Due to	
13. Birthplace Wiconics Co 14. Malden name. Rachael 15. Birthplace Wiconics Co 16. Informant. Mrs. Army	a Gaines From Maryland	(Include pregnancy within 3 m. Major findings of operations	
	Date thereof august 9 1945 (Month) (day) (year)	PHYSICIAN: Please nnderline the cause to white the cause the cau	ch death should be charged statistically. es, fill in the following; Date of
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ptom and Son	Injured at home, farm, Industry, public place (whe	tnjured at work?
19. (Date rec'd by registrar)	Registrar	1/0	M. D. wother Date signed Cluss.

AUG 11 1945
BUREAU S

PLEASE WRITE PLAINLY, WITH UNFADING TMK. Supply every item of information carefully. The correctage is especially important, Physicians: please write the causes of death clearly and legibly.

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(Date rec'd by registrar)

18385

CERTIFICATE OF DEATH

er. Dist. No. 333

CERTIFICAL	Reg. Diat. No.
I. PLACE OF DRATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
4. Sex 5. Color or race 6.60 Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m 1 mailet	. 46
Male many	20. DATE OF DEATH. Chug. 3 1 19.45 at 1 P.
6.(b) Name of husband or wife Alexa Conquest Buyers 7. Birth date of Second Se	21. I CERTIFY that death occurred on the ester above stated; that I attended deceased from 19. XI. 10. Quy 3/ 19. XI. and that I last saw h. I. 2. alive on Quy 3/ 19. XI.
deceased (mo., day, yr.) (Jugast 30, 1917	
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death DURATION Diabetic Hudosis
9. Birthplace	Due to. Due to.
12. Name Partong Dyul	Other conditions (Include pregnancy within 3 months of death)
14. Malden name Edith Marshelle Moore 15. Birthplace Wilmington Wel.	Major findings of operations.
=1 15. Biringiage of a principle	
16. Informant Caron Digital 15.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Date thereof (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Treeuwood	Where did Injury occur? (City or town) (County) (State)
18. Funeral director	Injured at home, farm, industry, public place (where?) Meens of Injury Injured at work?
Address Hardsley , Van.	2 SIGNATURE - Live & Hausen M. &
10 8/31 10 HOT Hagge DE CA	M. D. oyother

SEP 4 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (5.2)

CERTIFICATE OF DEATH

..Date signed....Q

OEKTII ICA	Reg. Dist. No. 3.5
1. PLACE OF DEATH: Willowill	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, wyle RURAL and give nearest town) How long in above place of death? Aland Land Land Land Land Land Land Land L	State City or town Salesland High. A2 (If ontside city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street eddress where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(0) If veteran, name war
3. (a) FULL NAME 50	3. (b) Social Security Number
Olmer Connon	220-01-8481
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male a.a. maried	20. DATE OF DEATH
6.(6) Name of husband or wife. I sally long of the sally long of t	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Sure 1, 1912	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
33 2 28min	Lulman John Louine
9. Birthplace (Prom. county, and state)	Due to.
10. Usual occupation	
11. Industry or business bane as aleane	Due to
12. Name Lity learning	Other conditions
E 13. Birthplace Princes and	(Include pregnancy within 3 months of death)
14. Maiden name Millie. Walters 15. Birthplace Princero anne mod	Major findings of operations.
	Date of op.
16. Interment Mrs Mille Common	
Address Scelenberry made	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Gurial, cremation, or remoyal. Which?) Date thereof Aut. (month) (day) (year)	22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory. Lat. The angle	
Location bleest Part Office ma	(City or town) (County) (State)
18. Funeral director Lange 4. Stewart	Means of Injury Injured at work?
Address & a la langua y mad	10 - 40
0/1 115 1000	23. SIGNATURE THE STATE OF THE
(Date dec'y by registrar)	growing to lighter by

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BUREAU V.S.

Dr. Man

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08387

my Date signed 8/2 7

1. PLACE OF DEATH & Comic	2. USUAL RESI	DENCE (HOME) OF DECEA	SED:
City or town (If outside city of town limits, write RURAL and	State MC	Southly /	comes
How long in above place of death? Hospital Justilistion, or street address where that accurred:	City or town	outside city or town limits, write RI	L. J.
How long in hospital or Institution?	2.(a) If veteran, nam	(If raral, giva LOCATIO	
3. (a) FULL NAME fillie a.	Coulbum	3. (b)	Social Security Number
4. Ser) 5. Color or take 6.(a) Single, married, the Hid	widowed, or divorced 20, DATE OF DEATH	MEDICAL CERTIFICATION 22	ICATION
B.(b) Name of husband or wife Letter a. Co		eath occurred on the date above stated:	that Lattended deceased from
7. Birth date of deceased (mo., day, 97,8445 21 - 1875	and that I last saw h.	Detailve on Detail	My 22
	than one day hrs	caleles Me	eleter ou
9. Bimpace Pausoning (Town, county, and state)	Md Due to		
10. Usual occupation	Due to		
12. Name Munos Hamme	Dther conditions.	arbunde of	Valva Z
14. Maiden name Mahalia Myatti 15. Birthplace Mahalia Myatti		clude pregnancy within 3 months of operations.	leath)
16. Informant Carrie Coulton	Antopsy results		
Address og E. Church it. Sal	2 /24-4 22 YIOLENCE: 11 0	e noderlina the cause to which death death was due to external causes, 1111 in	the following;
	derinity (day) (year)	ur? (City or town)	
Location fallency Maryle Halle 12 H	- //	n, Industry, public place (where?)	
18. Funeral director	0	1/- 0	500



2411 N. Charles St., Baltimore 940

08388

CERTIFICATE OF DEATH

Reg. Dist. No. 3.33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County DIAMING	(For newborn Infants rive residence of mother)
	State County County
City or fown	Marshe Christon
How long in above place of death?	(if outside city or town limits, write RURAL and give ucarest town)
Hospital, Institution, or street address where death occurred:	
415 Dans Sf.	Street No.
	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Milliam 77 ma	Dishel
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. M. Widow	20. DATE OF DEATH / 911/4/18/ 3 19545 21 530
0/2-11	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Quee 21.6 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10
7. Birth date of deceased (mo., day, yr.) May 31, 1860	and that I last saw h. and alive on June 2-6 19.5 Immediato cause of death. Caralina Sailum DURATII
8. AGE: Years Months Days If less than one day	Immediate cause of desth Cardinal failure DURATH
o. Ade:	
85 ddn 2hrs	min.
martele W. davist md.	Due to Coronary heart disere
9. Birthplace (Tywn, county, and state)	Due 10.
10. Usual occupation	Due to
11. Industry or business . M	
El 10 4 MINISTER PROGRAM	Dither conditions
12. Hame Markey Burley 13. Birthplace Markey 12.	Diner conditions
	(Include pregnancy within 8 months of death)
14. Malden name Manual	
201 . Italian Dall	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant Matter Karly	Antoney results.
Ma The man	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address // Cittle // //	
17 Buriel Date thereof 8/5/45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
- M - Vola C B / 18/10/11/1	Where did injury occur?
Cemetery or crematory	
Location MANNEL MC.	Injured at home, farm, Industry, public place (where?)
Ex I chank	Meens of Injury Injured at work?
18. Funeral director Add And And And And And And And And And	
1/alan md	D 10 E 10 / 10 -
Address Helman, Mai	23 SIGNATURE D. allen Fields / Strant C. Fine
10 8/6- 10/6 Haggiet &	M. D. or other
	Address Salisbury Ind Date signed 7/4/4

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

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-	Reg. Dist. No.	

CERTIFIC	ATE OF DEATH Reg. Dist. No. 23
1. PLACE OF DEATH: County. City or town (If outside city or town limity, write RURAL and give nearest town) How long in above place of death?. Hospital, institution of space address where dealh occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother) State County City or town (If ontside city or town limits, write-RURAL and give nearest town) Street Ho. (If rural, give LOCATION) 2.(a) if veteran, name war.
3. (a) FULL NAME Marie Rolet A	3. (b) Social Security Number
4. Sex 5. Color or tace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. Queg. 20 9 19 45 at 1, Q
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. 9. Birthplace DAH Parameters Made (Town, county, and state)	Immediate cause of death DURATION Dremature bith(5/2 muths)
11. Industry or hydress 12. Name Carlon Henry Dair 13. Brithblace Parametry M. A.	Diher conditions.
14. Maiden nam Bernice & mar Brown 15. Birthplack 10. #1. Parambury ml M. Carlton H. Dard	(Include pregnancy within 3 suonths of death) Major findings of operations
Address D. H. Parrier M. M. Address Date thereof Class 21-4 (Burial, cremation, or removal, Which?) Date thereof Class 21-4 (Burial, cremation, or removal, Which?)	Antopsy results PHYStCIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Selling Chunch Com. Location Valetons manyland Location Valetons Manyland 18. Funeral Virginor Company & Valler R. John	Where did injury occur?
Address Steller Model 19. 19. 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	23 SIGNATURE Frank R. Lems M. D. or other

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SEP 6 1945
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Diff.

CERTIFIC	CATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: // remian	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intages give residence of mother)
County County	mil mil milanush
(If outside city or town limits, write RURAL and give merest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, lostitution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	
Mary 2. Dickeyor	3. (b) Social Security Number
4. Sex 5. Color & race 6 dar) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. Cal Widow	20. DATE OF DEATH AUGUST 3 1945 at 1 A.
5.(b) Name of husband or wife. Aleste Dichery	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	years and that I last saw h W allve on Que ust 720 1945
deceased (mo., day, yr.) ///au/ 22./883	Immediate cause of death DURATION
8. AGE: Years Months Days tiless than one day	
62 9 119 hrs.	min Chance Belileville
S D Lasi in man	The Charice Refutivity
9. Birthplace	Due 10
10. Usual occupation. Daughernie	
11. Industry or business	Due to
	Other conditions Cleanic My starditis
12. Name Salisanu Md.	Other conditions CURIUC 1773 COUNTY
13. Birthplace Saligany Md.	(Include pregnancy within 3 months of death)
14. Maiden name. MASKANIA	(include pregnancy within a months of death)
15. Birthplace	Major findings of operations
El 15. Birthplace	Bate of op.
16, Informant AUTION ALCOHOLOGY	Autopsy resolts
Address Allenger mid. 11	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 11/1/5	22. VIOLENCE: If death was due to externat causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereol (monte) (year)	Accident, suicide, or homicide
me the Hearton	Where did injury occur?
Cemetery or crematory	
Location Management de la constitución de la consti	Injured at home, farm, Industry, public place (where?)
Don't Board of	Means of Injury Injured at work?
18. Funeral director	m' a l
Address Velezen Md.	- William Kunde
lange a new Water & man	23. SIGNATURE M. D. or other
19. (Duta ray d by poristrar)	Strar Address Hellow- M. Bala signed ally . 64

IRECEIVED! AUG 8 1945 BUREAU V. B. They was dule. my meet and may 8/6/45 as the 2411 N. Charles St., Baltimore

08391

CERTIFICATE OF DEATH

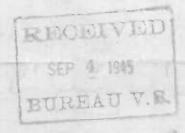
Reg. Dist. No. 3.3.3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (East newborn infants give residence of mother)
City or town White Harry Lind (If outside city or town limits, write RURAL and give nearest town)	State Marghand County America
(if outside city or town limits, write KUKAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	(if outside city or town limits, write RUKAL and give nearest town)
	Street No
Harristan In Country on Institution	
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Thisbeth Dyres Strew	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Emale White single	20. DATE OF DEATH Rugust 30 19.45 at M
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	19. to Aug. 30 19.45
7. Birth date of years	
deceased (mo., day, yr.) Jah. 16, 1944	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
hrsmin.	Accidental Stroumy
9. Birthplace Saleslury and (Town, Junty, and state)	Due to
1D. Usual occupation	Due to.
11. Industry or business	
E 12. Name Bearge Wreur	Other conditions
12. Name Searge Wrent 13. Birthplace nt Dernon md.	
	(Include pregnancy within 3 months of death)
14. Maiden name Mongaret horses 15. Birthplace We tuchen . D. J.	Major findings of operations
\$ 15. Birthpiace metuchen D.	
16, Informant Mrs Margaret Moreur	Autonay results.
Address mt Version md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 1 / 0 511-	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. (Burial, cremation, or removal. Which?) Oate thereot (month) (day) (year)	My weekent 2 prome of monte age
Cemetery or crematory Spissons Cemetery	Where did injury occur? White Haven Migniful (City or town) (County) (State)
Cemetery or Crematury	A A A A A A A A A A A A A A A A A A A
Location Meucles Une mod	Injured at home, farm, Industry, public place (where?) 🐔
18. Funeral director Dal Washill	Means of Injury Injured at work?
Address Truces Come md	(h. Dle) - Went helingen
19. 8/3/ 1945 Hargiet E. De	22 SIGNATURE D. or Office
(Date rec'd by registrar)	Address Date signed Of TO

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

<i></i>	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)
County Da Connect	State County County
(If outside city or town limits, write RURAO and give nearest town)	
How long in above place of death? 4 weeks	Cily or town
Hospital, Institution, or street address where death occurred:	Sireet No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
S. (d) FULL NAME	3. (b) Social Security Number
Meranda llegalet	Dienn none
4. Sex 5. 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Smale Phile Wilnes	20. DATE OF DEATH Qued 29 1945 at 1/A M
6,(b) Name of husband or wife Annual & Deenn	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
6,(c) If alive, give age years	Jun 1 1964 4- 10 Azz 29 1964 5
7. Birth date of OC /Q(//	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years months Days If less than one day	Immediate cause of death Manager al description OURATION
8///hrsmin.	never 2 hours
0	
9. Birthplace	Due to Carley January
10. Usual occupation. House Arch	- Hardenson 3 July
11, Industry or business	Oue to
	All All
12. Name Service Court / Les	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name Julia Run Jung	Major findings of operations
2 15. Birthplace Surrey Couldy, Luf.	Date of op.
16. Informant Spe aller 17044	Autopsy results
Address Gelman, Leif	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bunil Date thereof Board 1-1943	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cometion, or ramoval, Which?) (Burial, cometion, or ramoval, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Allendary Per 12 D	Injured at home, farm, Industry, public place (where?)
18. Funeral director A. S. Second Co	Means of Injury Injured at work?
Address Delma, Del	SHA O
0 1 11 611	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) 1945	1 211.
	Man 644 Control of the control o



correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 304

08393

134	Par Dist No 4/336
10	Reg. Diat. No.

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allinguist	(For newborn Infants give residence of mother)
City or town	State County Manual County
How long In above place of death? 324 ass.	Af outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	2 Flax 0+ +
3 Carl Street	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Omnie Saucie. 00	llit Good
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
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amale there Hidayed	20. DATE DE DEATH 30 19.44.54 21 11 1 19.44.54 21 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age years	1946 to 1946
7 Right date of	and that Plast saw h. Lag. alive on Ang. 3.0 9 19.45
deceased (mo., day, yr.) 8. A.G.E.: Years Moults Days If less than one day	Immediate cause of death Abdalansal Lasa DURAFIDS
0. 1.02.	13 hays
68 Vmin.	
9. Birthplace Delma, Del	Due to Frencism of abdommal Probely
(Town, county, and state)	teste 23m
1D. Usuai occupation	Due to.
11. Industry or business	
12. Name Duston Pulsural 13. Birthplace JOLLANA	Dither conditions
3. Birthplace Delawal	
14. Maiden name Elegabeth Elaw Kennel 15. Birthplace	(Include pregnancy withln 3 months of death)
10 100	Major findings of operations.
≥ 15. Birthplace	Date of op,
16. Intermant Mestall Class	Antopsy results
Address Jalma, Led	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buril Seles 115	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cramation, or removal, Which?) Date thereot	Accident, suicide, or homicide
Cemetery or erematory At Olive Sketholy	Where did injury occur?
Location Delma Lee.	Injured at home, farm, industry, public place (where?)
12 ma 100	Means of Injury Injured at work?
18. Funeral director	la v
Address Delma Deluna	on any the Larred
19-1- 115 Harra Est, dans	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Johnson Date signed 13 31/47



Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

08394

CERTIFICATE OF DEATH

Reg. Dist. No. 3.33

2. USUAL RESIDENCE (HOME) DEPECASED! (County of the county of the count				
County town. (Le custide city or town limits, gris KULAL and give narrest town) The county of the c		00	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED!
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DUILUM S. Cole or recy SciolSingle, narries, viscoust of diverged MEDICAL CERTIFICATION 20. DATE BY BAIN. 21. I CERTIFICATION 22. LOCALITY Interview of the date of deceased from the date of the date of deceased from the decea		E E	How long in above place of death?	(If outside city or town limits write RURAL and give neglest town)
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20. DATE DF DEATH (a) Name of hurbhand or wire. (b) Name of hurbhand or wire. (c) If align, give app. (c) If align, g		orma	James Musley Ele	3. (0) Social Security Number
BEAN STATE OF THE		of	4. Sex 5. Color or race 6.(a)Single, married, widowed of divorced	MEDICAL CERTIFICATION
BEAN STATE OF THE	D.	of es	Mil. o White Marie	aug 20 7 45 220K
BEAN STATE OF THE	H	nsn	11100 11100 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20. DATE DF DEATH
The state of the case of the c	B	4 - []	Bertha E. Ellist	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
The state of the case of the c	317	y i		an 15 15 10 10 Clay 30 19/10
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S. Birthplace. 10. Usual occupation. 11. Industry or Auginess 11. Industry or Auginess 12. Industry or Auginess 13. Birthplace 14. Maiden name 15. Birthplace 16. Industry or Auginess 17. Industry or Auginess 18. Informati 19. Industry or Auginess 19. Industry or Auginess 10. Usual occupation. 11. Industry or Auginess 11. Industry or Auginess 12. Industry or Auginess 13. Birthplace 14. Maiden name 15. Birthplace 16. Industry or Auginess 17. Industry or Auginess 18. Informati 19. Industry or Auginess 19. Industry or Auginess 19. Industry or Auginess 19. Industry or Auginess 10. Usual occupation. 10. Usual occupation. 11. Industry or Auginess 12. VIOLENCE: If death was due to external causes, fill in the following: 17. Industry or Auginess 18. Further all directors 18. Further all directors 19. Industry or Auginess 19. Industry, public place (where?)	OF	ev		
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Due to Due to Due to Due to Differ conditions Differ	5	. 0	Baltimore Md.	Due to
Due to Due to Due to Due to Differ conditions Differ	SS	N.S.	(Town, county, and state)	
HILD 13. Writipface 1.4. Maiden game 14. Maiden game 14. Maiden game 15. Birthpface 1.5. Bir	E.	Ian	10 liquat accumation Farmer	***************************************
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14. Maiden name 15. Birthpiace 16. 17. 18. Informati 17. 18. Informati 17. 18. Informati 18. Informati 18. Informati 19.	-	Tan Can		(Include pregnancy within 3 months of death)
Cemetery or crematory. Location Location Means of injury Address M. D. or other forms M. or other fo		H	= 14. Maiden name	Major findings of operations
Cemetery or crematory. Location Location Means of injury Address M. D. or other forms M. or other fo		LI	\$ 15. Birthpale D. Muleus ann mad	
Cemetery or crematory. Location Location Means of injury Address M. D. or other forms M. or other fo		₩.ii	Min Butter & Sellet	
Cemetery or crematory. Location Location Means of injury Address M. D. or other forms M. or other fo		K,	1B. Informatit	Autopsy results
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Cemetery or crematory. Location Location Means of injury Address M. D. or other forms M. or other fo		De la	Prince Aut 1x45	22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory (County) (State) Location (County) (State) Injured at home, farm, industry, public place (where?) 18. Funeral director (Manage of Injury) Address (Manage of Injury) Address (Manage of Injury) M. D. or other (Manage of Injury) M. D. or other (Manage of Injury) M. D. or other (Manage of Injury)		LA	17. Date thereof month) (day) (year)	Accident, suicide, or homicide
Location Means of Injury Injured at work? 18. Funeral director Means of Injury Injured at work? Address fully red 23. SIGNATURE M. D. crother		D. S.	Burist, cremation, of real factories and	Where did Injury occur?
18. Funéral director Address Salahar Track 23. SIGNATURE M. D. orgather M. D. orgather			Cemetery or crematory	(City or town) (County) (State)
18. Funéral director Address Salahar Track 23. SIGNATURE M. D. orgather M. D. orgather		RI	location the land the location of the location	Injured at home, farm, Industry, public place (where?)
18. Funéral director Address Salahar Track 23. SIGNATURE M. D. orgather M. D. orgather			Foll may Ha Brill - D Hell me	Means of injury Injured at work?
Address Sally M. D. or other 19	100		18. Furieral director	1 1 1
19. (Date receptor registrar) 9 45 - Harrie Registrar Address Dalely M. D. or other Date signed 51/4	15	AS	Address Selley Tech	The Kylam
19. (Date reciphy registrar) 19 55 That and Registrar Address Dalely My Date signed 51/4	A.	छ	011 111-11-12-1	23. SIGNATURE. M. D. or other
(Date reciging registrar) Address Date signed Date signed	S	PL	19. 7/ 16 NO HORRIGE 2,	851/4
			(Date rec's hy registrar) Registrar	Address Date signed

SEP A 1945 BUREAU V.B.

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8300

CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or ywn limits, write RURAL and give nearest town) How long in above place of death? Hospital institution or street address there death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother) State County City or town Go onrede city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Clarica Jane Er	3. (b) Social Security Number
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH AUG 2 19 45 21 3 P M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the life above stated; that Lattenden deceased from 19
11. Industry or business 11. Industry or business 12. Name Unfly 13. Birthplace Olaf sland made	Other conditions
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Address Full Jan May Land 17. Burial Community (Burial, cremation, or prinoval, Which?) Date thereof (Month) (day) (year)	Antopsy results PHYSICIAN: Please voderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Allevia G. Mala P. Heller 18. Funeral director May & G. Walta P. Heller Address Mala May May May May May May May May May Ma	Where did injury occur?
19. (Date rec's by registrate) 18/16 Hasa I Registrar	23. SIGNATURE. M. D. or other M. D. or other Address. Oate signed. 8/4/4/5

AUG 13 1945 BUREAU V.S.

AUG 25 1945 BUREAU V.R.

2411 N. Charles St., Baltimore %2

CERTIFICATE OF DEATH

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VS A15

Date signed.

	Keg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospital institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in finits give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	und Fuelds 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19 25, at 2, 25
6.(b) Name of husband or wife. The common C.	21. I CERTIFY that death occurred by the date above stated: that Latlended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and thell last saw h alive on 19
9. Birthplace (Town, founty, and state)	Due to acute paricardites Duration: homorthan
10. Usual occupation	Due to.
12. Name Canf Field 13. Birthplace 2 feed Print ned	Other conditions
14. Maiden name alvetta mutta 15. Birthplace Mad fruit md	Major findings of operations
Address 1006 E. Church It. Saluty	Autops results
17. Burial, cremation, or results Which?) Date thereof (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery or command the Commetery of Commeters of Commet	Where did injury occur?
18. Find director 200 Address falling mol	Maans of Jajury Injury Injured at work?
19 8 /2,9 /045 Hagaid 2 Q	22 SIGNATURE M. D. or other

fighter Address Salesbury

SEP 4 1945 BUREAU V.S.

Evidence for the change of MARYLAND STATE DEPARTMENT OF HEALTH is shown on 2411 N. Charles St., Baltimore 192 Reg. Dist. No. 333 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: 7. The collegibly. (For newborn infants give residence of mother) County..... (If outside city or towa/limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number -20 MEDICAL CERTIFICATION 4. Sex of make 2D. DATE OF DEATH..... 21. I CERTIFY that death occurred on the date above stated; that t ettended deceased from 6.(b) Name of husband or wife..... 7. Birth date of deceased (mo., day, yr.) Immediate sause of death If less than one day 8. AGE: RESERVED 15 Chleul Bay 10. Usual occupation...... MARGIN 11. Indusfry or business (Include pregnancy within 3 months of death) inney Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 0220 22-VIOLENCE: If death was due to external causes, fill in the tollowing: Date (hereot. (lang. (day) / (year) Accident, suicide, or homicide eny Wiconnes Cemetery or crematory . T. A. Charles tnjured at home, tarm, industry, public place (where?) Suellie Jal drowskiters work? 18. Funeral director PLEASE Address VS (Date ree d by registra)



VS A15

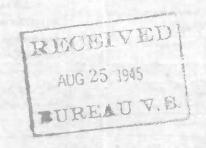
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-2) CERTIFICATE OF DEATH

Date signed 8/17/45

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
and in the same	State Md. County Somerset
(If outside city or town limits, write RURAL and give nearest town)	Deiness Anna
How long in above place of death?	City or town
Teninsula Deneral Francit	Street No
How long in hospital or institution?	2.(g) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Saudra a. Fitnsemmons	
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
7 W Single	2D. DATE OF BEATH Qug. 11 19 45 at 45 P
6.(b) Name of husband or wife	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from
	ang, 6 19 45, 10 aug 1/ 18 /2
7. Birth date of deceased (mo., day, yr.) Cuy, 6 1945	and that I last saw De alive on and a 19 15
8. AGE: Years Months Days It less than one day	Immediate cause of death
5min.	of The Joseph
9. Birthotace Dalishung md.	of newborn
(Town, courky and state)	Due to RA Syndramo
10. Usual occupation.	Due to
11. Industry or business	
12. Name Digning a Filmseymons 13. Birthplace A Mand Ray D. A. Murlin	Diher conditions
13. Birthplace of rained Raysong much	(Include pregnancy within 3 months of death)
14. Maiden name Dono hela	21 0 11 0
\$ 15. Birthplace Status Schand md.	Major findings of eperations. Bate of on
18. Informant pro nead	Autonsy results.
Address allen me	PHYSICIAN: Please underline the cause te which death should be charged statistically.
17. Burie Date thereot. Cura, 13, 194	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or penoval, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Clesida energy	Where did injury occur?
Location Me Vernon ma	houred at home, farm, industry, public place (where?)
18. Funeral director Dale Washiell	Means of Injury Injured at work?
Address Truce in Come Md	Color Alexander
1 0 / 10 W = 1 / 20 0	23. SIGNATURE June & Naudy M.L
(Date reg'd by registrar)	Address Salisbury, M. D. or offer



Dr. Gra MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully. The conformation of death clearly and legibly. (For newborn infants give residence of mother) County..... (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits write RURAL and rive nearest town) How long in above place of death? Hospilal, institution, of street address where death ofcumed (If rural, give LOCATION) How long in hospital or institution? 3. (b) Social Security Number 3. (a) FULL NAME MEDICAL CERTIFICATION 4. Sex 21: CENTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION Years Months If less than one day 8. AGE: RESERVED Suj pl 9. Birthnlace ... (Town, county, and state) 1D. Usual occupation... 11. Industry or busines (Include pregnancy within 3 months of death) Major findings of operations..... PLAINLY, Vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Dale of Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? (City or town) Cemetery or comato (County) WRITE Injured at home, farm, Industry, public place (where?) Location Injured at work? Means of Injury SE M. D. or other .. Date signed .. P. (Date rec'd by registrar)

RECEIVED
SEP 4 1945
EUREAU V.S.

2411 N. Charles St., Baftimore 186-0

CERTIFICATE OF DEATH

	No 3333
Reg. Dist.	No

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME A.Sex A.Sex A.S. Color or race B. (a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
remale White Marris	2D. DATE DE DEATH. SUSSESSESSESSESSESSESSESSESSESSESSESSESS
8.(b) Name of husband or wite Mulder All All All All All All All All All Al	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) ON Solution Sol	and that I last saw h
9. Birthplace Mill M. A. S. (Town, county, and atate)	Due to.
11. Industry or business Twy Home	Due to
12. Name MADINITY 13. Birthplace A'	Other conditions (Include pregnancy within 3 months of death)
14. Malden name. J. Maryland	Major findings of operations. Bate of op.
18. Informant 11 11 Supplied to the state of	Autopsy results
Address Bate thereof (month) (dey) (year) Cemetery or crematory Males States (month) (dey) (year)	22. VFOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location JANAMACHIA AMAGENTALIA	Injured at home, fayn, industry, public place (where?) Means of injury Tall in Injured at work?
18. Funeral director Ruman Address Andress Andress	23. SIGHATURE John R. Rey Sylone S Excus
19. (Date rec'd by registrar)	Address Due Hill Mrs Date signed 71 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the caces of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

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AUG 29 1945 BUREAU V.E.

08403 MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore /07

age	2411 N. Charles St., Baltimore 107 CERTIFICATE OF DEATH Rev. I		
information carefully. The correct of death clearly and legibly.	CERTIFICAT 1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give new Street No. (If rural, give LOCATION)	
ormation death cle	3. (a) FULL NAME M. Clansa Holland.	2.(a) If veteran, name war	
WITH UNFADING INK. Supply every item of infor important. Physicians: please write the causes of d	4. Sex 5. Color or rack 6.(a) Single, married, widowed, or divorced Wall 8. (b) Name of husband or wife. Mas. Mas. Mas. Mas. Molaration 6. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) October 18, 1880 8. AGE: Years Months Days It less than one day 6.4 10 0 hrs. min. 9. Birthplace. 9. Birthplace. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. Get. 15. Birthplace	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended declared and ihal I last saw h. Laz allve on Immediate cause of death. Due to. Due to. Cinclude pregnancy within 8 months of death) Major findings of operations. Date of op.	
ASE WRITE PLAINLY, is especially	Address Possible Color (mouth) (day) (year) 17.	Autopay results. PHYSICIAN: Please underline the cause to which death should be charge 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (what?) Injured at work?	

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15

MARGIN RESERVED FOR BINDING

(Date recoil by registrar)

Registrar Address.

Date signed ..



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1		099
Reg.	Dist.	No.

t age	2411 N. Charles St., Baltimore 337			
CERTIFICATE OF DEATH Reg. Dist. No. 3				
bly.	1. PLACE OF DEATH: // scomuces	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
City or town Quality State Life Many Comments of State Life Many Comments of the Comments of t		1 1 1 - 1 - 1 - 1 1 1 1		
carefully early and	How long in above place of death?	(1f outside city or town limits, write RURAL and give nearest town) Street No.		
on ca clear	How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war		
information of death cle	3. (a) FULL'NAME Willie Halland	3. (b) Social Security Number		
of inf	4. Sex 5. Color or race 6. (d) Single, married, widowed, of divorced	MEDICAL CERTIFICATION		
caus	Male muning sunge	2D. DATE OF DEATH		
th's	8.(6) Name of husband or wife	873/4, 19 10 7/7/4, 19 and that I last saw h. 27. alive on 87/2/4, 19		
Supply eve lease write	deceased (mo., day, yr.) 8. AGE: Years Months Des If less than one day	Immediate cause of death DURATION		
Sup	hrs. min.	Peri-rephresac abssess 2 who		
INK.	8. Birthplace All Man (Town, county, and atate)	Due to		
75.00	10. Usual occupation	Due to.		
Gr.	12. Name Samuel Manager	Dther conditions		
WITH UNF	13. Birthplace	(Include pregnancy within 3 months of death)		
WITH	15. Birthplace	Major findings of operations Glandphotole abriles Date of op. S. J. L. J. J. L. J. L. J. J. L. J. L. J. J. L. J. J. L.		
>	18. Informant	Antopsy results		
PLAINLY, s especially	Address JAMA NULL Date thereof LULE 1/45	22. VIOLENCE: If death was due to external causes, fill in the following;		
PI	(Burid, cremation, or removal, Which?), (month) (day (year)	Accident, suicide, or homicide		
WRITE	Location Description Alder All J	injured at home, farm, Industry, public place (where?)		
SEV	18. Funeral director	Means of Injury Injured at work?		
LEA	Address Smoll Hill, My	23. STONATURE Jane Shen M. D. or other		
H	(Date rec d by registrar)	Address Daie signed \$1774.		

VS A15

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AUG 27 1945 LI

M

CERTIFICATE OF DEATH

Reg. Dist. No. 33 3

M. D. or other

08405

	Acg. Dist. Mo
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infacts give residence of mother) State
3. (a) FULL NAME Harry Jones	3. (b) Social Security Number 214-03-1472
4. Sex 5. Color or race S(A) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE DE DEATH 20. DATE DE DE DEATH 20. DATE DE
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. 45., to diag. 13. 19. 45. and that I last saw h. 1871. alive on diag. 13. 19. 45. Immediate due of death Occurred on the date above stated; that I attended deceased from 19. 45. ORONARY OCCURSIONS House
9. Birthplace	Due to. CORONARY SCIEROSIS Due to. Other conditions Australian Fibrillation
14. Malden name. Mary Crowford 15. Birthplace Wharming Mary Lower 16. Informan Mary Hory Lower 16. Informan Mary Hory Lower 17. Malden name. Mary Lower 18.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17	22. VIOLENCE: Meath was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director the faithful than co. Address Soliable Mod	Moons of injury Injured at work?

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 27 1945 BUREAU V.S.

W. D. or other

.. Date signed .. &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICA	TE OF DEATH Reg. Dist. No. 333	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
William Hangles Jone	s bant be faund	
14. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 8 - 13 19 4 5, at 5 3 9	
6.(b) Name of husband or wife. Author 1. B.(c) If alive, give age. 2. S. years 7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19	
9. Birthplace	Due to Factor 7-10 thros Feft Due to	
11. Industry or business Same a alexander 12. Name Marian 13. Birthplace Quantities	Dther conditions	
14. Maiden name Ella Barrond 15. Birthplace allen and	(Include pregnancy within 3 months of death) Major findings of operations	
Address Salislerry (B. Rible No. 1	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Date thereof. Oug. 17 - 154 & (Burial, cremation, or removal. Which?) Cemetery or crematory. 11. Aulgach Shelps	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (Conney) (State)	
Location alle made	Injured at home, farm, industry, public place (where?)	
18. Funeral director and Solds Selection and Address	detch 1 1 2000	

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(Date rec'd by registrat)



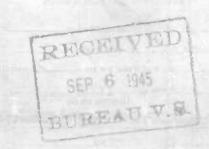
2411 N. Charles St., Baltimore 131-0

CERTIFICATE OF DEATH

08407

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Spilanela	
City or town. (If outside/city of town limits, write RURAL and give nearest town)	4.0
low long in above place of death?	(If outside city or town lients, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	Street Ho. na
	(If rural, give LOCATION)
low long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Q = Q 1	3.(b) Social Security Number
here 1) dankland	na
. Sex 5. Color or race 6.(a) Single, marry howed, or divorced	MEDICAL CERTIFICATION
2220 1 12 111111	20. DATE DE DEATH. 8-6 19 46 21 8 P
male a. Mudamer	
.(b) Name of husband or wife. Mary L. hankford	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
40 % or at the school of the state of was	6-30 19.45 to 8-6 19.40
Birth date of	and that I last saw h. Conalive on
deceased (mo., day, yr.)	Immediate cause of death as dias failuse DURATION
. AGE: Years Months Days tfless than one day	
least, mirsmir	1.
· 11. +1/ - 21	Que to ar ite dilation
, 6irthplace	
O. Usual occupation Luliane	Due to mano cardial damage
	Orteria sclerosis
1. industry or business Dame as alove	n - t - 0 · · + 1+ 0
12. Name and hampford	Direct Conditions in your Condition in your Conditions in your Condition in your Conditio
13. Birthplace Welly quel my	(Include pregnancy within 3 months of death)
14. Malden name Musik Wisight 15. Birthplace Welstramin and	
1 1 1	Major findings of operations.
1 13. BITTINGTACE WELLENGTHAN STORY	Date of op.
6. Interment California danger	Autopsy results
Address steelist our med	
	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory. Odd Fellous S	Where did injury occur?
Commetery of Crematory.	Injured al home, farm, industry, public place (where?)
Location White fram my di	
18. Funeral director James 4: Suwart	Means of tnjury Injured at work?
	Let tunnell in D
Address Sallslewy 97	23. SIGNATURE
10 aug. 10, 1945 Rtoollastvalter	M. D. or other
(Date reold by registrar)	ar Address Do W' / MA Date signed A Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING VS A15



2411 N. Charles St., Baltimore /23

CERTIFICATE OF DEATH

or. Dist. No. 333

M. D. or other

...Date signed...

08408

1	CERTIFICAT	Reg. Dist. No.	2
	County. City or town. (If outside city or town line, write TURAL and give nearest town) How long in above place of death? How only institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infant) give residence of mother State	erest town
	3. (a) FULL NAME Vellian Herman	2.(a) If veteran, name war. 3.(b) Social Security	Number ·
	Male of husband or wife in Welster Farfiels	MEDICAL CERTIFICATION 29. DATE OF DEATH	ased from
	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and thet Man saw h	
	9. Birthplace (Town, sounds, and state) (Town, sounds, and state) 10. Usual occupation that Classe	Due to.	Lull
	11. Industry or business W. S. army for the start of the	Other conditions	
	14. Maiden name. Weltie C: Westetun 15. Birthplace Old Island 7111.	(Include pregnancy within 3 months of death) Major findings of operations	
	Address RO.#2. Sality Md. 12 Berial Date threat Ques. 18-45	Antopay results PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Date of	/15 /45
	(Burial, cremation, or ryholyal, Which?) Cemetery or frematory Location Location Company Company	Where did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?)	9.4
010	Address Salely Margeanel	Means of injury went is surely injured at work? Is Raclemaky Mes	<i>L</i> .

VS A15

(Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 27 1945 BUREAU V.S.

	The	2411 N. Cha	rles St., Baltimore (3)47)	48409
(M)		CERTIFICAT	TE OF DEATH	Reg. Dist. No. 74 336
	refully be supplied egibly.	1. PLACE OF DEATH. County City or town (It outside city or town immts, write RURAL NEAR and give town) Street address, bospital, or institution ## 3	City or town(If outside city or town limits, Street No	ounty Ward No
	ld es	Stay in this community (yrs., or mos., or days) 36	(If rural gi	ve LOCATION)
	on shou clearly a	3. (a) FULL NAME Les eleis State	~ Lowe	3. (b) Social Security Number
BINDING	information should carefully sof death clearly and legibly.	4. Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced Male Married B (b) Name of husband or wife marry Oller Source	MEDICAL C 20. DATE OF DEATH	ERTIFICATION 6 19 45 at 3.2 M bore stated: that I attended deceased from
FOR	Every item of write the causes	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h allye on Immediate cause of death Prince	Any 6 1949. 1945 1945 2 Coma 2 QURATION
MARGIN RESERVED	NFADING INK. Physicians: please	9. Birthplace Saund, Selly 10. Usual occupation Relieved Farme 11. Industry or business 12. Name Selly Soure	Oue to Ashay A all branching Due to Assame Ing	hlante Im.
MAI	PLAINLY, WITH UNF especially important. Ph	12. Name Selly Some 13. Birthplace Selavel 14. Maiden name Seak Acallust 15. Birthplace Selavel 16. Informent Saul R. Souse	(Include pregnancy within Major findings:	3 months of death) PHYSICIAN Please underlifthe cause to white death should be charged statistically.
•	TE PLAINL	Address 17. Buriel Oate thereof Cary 8-1943 (Burial, cremation, or removal Whiteh) Cemetery or wentatory Oate thereof Cary 8-1943 (month) (day) (year)	22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	n) (County) (State)
	ASE WRITE correct age is	18. Funeral director 20. 8. Manual Co	Injured at home, farm, industry, public place Means of injury	Injured at work?
VS A15	PLEASI co	19. 8 45 19 Harry E. Rudson	23. SIGNATURE 23.	ncl M. D. or other



important.

PLEASE WRITE PLAINLY, is especially

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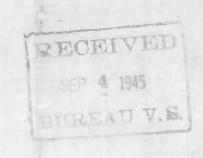
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

08410

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Land County Land
How long in above place of death? 40 4	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 10 Pine
10 Pine Stut	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joshua Grane Gran	7/6-03-1563
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Stale White maniel	20. DATE DF DEATH
6.(b) Name of husband or wife. addio Spani	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C	Any 29 1845 10 Any 29 1945
7. Birth date of	and that last saw h Ani alive on 1945
deceased (mo., day, yr.) 970 / 6 - /8 78 8. AGE: Years Months Days It less than one day	Immediate cause of death toules torong DURATION
8. AGE: Years Months Days If less than one daymin.	Thrubin & Show
9. Birthplace. Snow Will Ind. (Town, county, and state)	Due to Ashero Felisons 5'300
10. Usual occupation. Active Landson Co.	Dué to
12. Name Joshus Jerone Syanis 13. Birthplace Snow Bull Snd	Dther conditions
14. Maiden name Doucella Dodfing	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace Snow Will Brig	
2 2 2	Date of op.
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Delyman, Lel.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, oreumtion, os somovel, Which?) Daie thereof. (Aury (year))	Accident, suicide, or homicide
Cemetery or exemptory Para	Where did injury occur?
Location Sali Duy manlen	(City of town) (County) (State) Injured at home, farm, industry, public place (where?)
G. O M' Ch	Means of Injury Injured at work?
18. Funeral director	RII O
Address Delma, Delauge	23. SIDNATURE. 1-14-17 not
19. 9 - (Vate rec'd by registrar) 1945 Harry Echudson Registrar	Address Dales gneet 31/4/4



correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

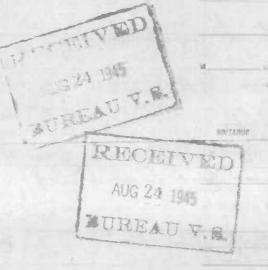
1		Reg. Diat. No.
	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Forgrewborn infants): we residence of mother) State County
	Treenda R. mullem	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female Colored 6.(b) Name of husband or wife.	MEDICAL CERTIFICATION 2D. DATE OF DEATH
	7. Birth date of deceased (mo., day, yr.) 74. 19, 1946 8. AGE: Years Months Days If less than one day	and that I last saw h lalve on 19.4. Immediate crope of death DURATION
	9. Birthplace Princes and Soveret med. (Town, county, and state)	Due to
	11. Industry or business 12. Name William Steen 13. Birthplace Hoffelk Va-	Dither conditions
	to. Informant gray Sutton	Major findings of operations
	Address Princes and. 17 Date thereof. (Burial, cremation, or removal. Which?) 18 (Burial, cremation, or removal. Which?)	PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
	Location West Princes and Learner	Where did injury occur?
	the Funeral director. Address Princess are, prod. Mugust 18, 19 45 R, 21, Johnson, M. (Datgree'd by registrar)	20 SIGNATURE Pulsoner M. D. or other Address Bulishung Date signed Comp. 17
	(Datyrec d by registrar)	Address Date signed

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et town) redmur SUREAU T.E. amost be TITLENE tatistically. (State)

r other

Larwood Stee



(State)

2411 N. Charles St., Baltimore Diff.

08412

CERTIFICATE OF DEATH

er. Dist. No. 333

1	, , , , , , , , , , , , , , , , , , , ,	Reg. Diat. No.
	County Cornico City or town. (If outside city or town lights, write SURFL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For the ploof infanta give residence of mother) State
	Hospital, Institution or street address where that occurred:	Street No. 420 Oak Still au., (If rural, give LOCATION)
	How long in hospital or Institution?	2.(a) If veteran, name war
	3. (a) FULL NAME Marion nih	3. (b) Social Security Number
	4. Sex S. John or tice (6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION 2D. DATE DF DEATH Ques. 8 19 45 12 Pm
	6.(b) Name of husband or wife Minnie Milet	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7. Birth date of deceased (mo., day, yarpenf 13-1913	and thal I last fear h
	8. AGE: Years Months Days If less than one day 32 3	Value Heart Line when
	9. Birthplace	Due to
	10. Usual occupation	Due to
	12. Name 12.	Other conditions Chamas Mephalics Conditions
	14. Maiden name (18)	(Incinde pregnancy within 8 months of death) Major fiadings of operations.
	16. informant Markey Ma	Actory results.
	Addiges 420 oak Hill are. Salating 18	PUSICIAN: Please noderline the caose to which death shoold be charged statistically.
	(Buriai, cremation, or regular Which?) Date thereof Que 9. 10 + 45 (Buriai, cremation, or regular Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
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	Location Salustung May	Injured at home, farm, Industry, public place (where?)
	18. Funcion freeting my to Malle R H	Mana of Injury Injured at work?
-	Address Selluty Med.	23. AGENATURE / A MARINE
-	19. Date rec'dly registrar) 19 4 5 Baggette	Address Stelestry mod Date signed 8/9/45

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constraint is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 25 1945 BUREAU V.S.

Dr. Mann MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1 PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. information carefully. The confident of death clearly and legibly. (For newborn infants give residence of mother (If outside city or town limits, write RURAL and give nearest town) City or town. How long to above place of death 3/2 (If outside cite or town limits, write RURAL and give nearest town) Hospital Institution or street sidress where death opcurred; (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, prarried, widowed, or divorced MEDICAL CERTIFICATION tem of i 21. I CERTIFY that death occurred on the date above stated; that attended deceased from 7. Birth date of deceased (mo., day, yr. Months Years Days If less than one day 8 AGE. (Include pregnuncy within 3 months of deuth) Major findings of operations..... PHYSICIAN: Please ouderlioe the cause to which death should be charged statistically. 22 TIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?) Injured at work?

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(Date rold by registrar)

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M. D. or other

SEP 4 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137

CERTIFICATE OF DEATH

Reg. Dist. No. 333

11		Neg. Dist. 110. hamiltonion
e corr	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of methor)
legibly.	City or town (If outside city or town fimits, write RURAL and give nearest town)	State Waryland County Williams
nd	How long in above place of death? 2 mo 23 days	(If outside city or town limits, write RURAL sud give nearest town)
y a	Hospital, institution, or street address where death occurred:	
arl	E.S. M Sans form	Street No. 5 60 Lackson ST (If rural, give LOCATION)
cle	How long in hospital or institution? 2 23 days	2.(a) If veteran, name war.
information carefully of death clearly and	ar Thur Thomas Phipps	3. (b) Social Security Number
	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ly every item of write the causes	male white married	2D. DATE DF DEATH. Class und 24 19 45 pt 12 A.S. P. M.
e c	8.(b) Name of husband or wife ICDRA A Shapps	21. I CORTIFY that death occurred on the date above stated; that I aftended deceased from
th	7. Birth date of Second	Jame 1 1845 to Aug 24 1845
ite		and that I last saw has allive on 8/24/45
Wr	deceased (mo., day, yr.) 8. AGE: Years Months Days Fiftes than one day	Immediate cause el death DURATION
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INK ins:	8. Birthplace (Town, county, aud state)	Due fo
5:5	10. Usual occupation. Black Smath	
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	ED. you wan J. Physos	Dither conditions
ant.	Sastantine Waryland	
4	14. Maiden nagre Marys. Jones	(Include pregnancy within 3 months of death)
impor	Statute of the state of the sta	Major fisdings of operations
-		Date of op
especially	16. Informant All Charles of Stranding	Actopsy results
s especiall	Address 27-111	-22, VIOLENCE: Il death was due to external causes, fill in the Iollowing;
s es	(Burial, cremation, er removal Which?) Date thereof	Accident, suicide, or homicide
	Cometery or Genetory Parson Van	Where did injury occur?
W PALLE	Location Stalistary MG	Injured at home, farm, industry, public place (where?)
	16. Total offerman o Ky. Walter P. Hillmy	Means of Injury Injured at work?
ADE	Address Salishy my.	(V 0 Q, 3/D
	8 /2.5 115 - Alaa 199 Oct	723. STENATURE. Jack Ohen M. D. or other
	(Date rec'd by registrar	Address Date signed 25 34.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /67

CEPTIFICATE OF DEATH

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CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: Wecoming	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (11 outside city or town limits, write RURAL and give nearest town)
Themmal General Harfield	Street No
How long In hospital or Institution? Dead on assured	2.(a) If veteran, name war
3. (a) FULL NAME Courson Purul	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
malo cres married	20. DATE DE DEATH. TUG 4 19 4 1 at 11 20 M
8.(6) Name of husband or wife Carriell Furnell	21. I CERTIFY that death occurred on the late above stated; that I attended deceased from
7. Birth date of Second	19
deceased (mo., day, dr.) alrout 1899	and that f last saw halive on
8. AGE: Years Months Days If less than one day	Immodule cause of death DURATION DURATION
learl 6	Rue torrus 2 kg
3. Birthplace (Town county, and state)	Due to.
10. Usual occupation.	Due to
11. Industry or business and a planel	Share conditions
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14. Maiden name Clenshell Massey 15. Birthpiace Belin md	(Include pregnancy within 8 months of death)
S 15. Birthpiace / Res Com	Major fiedings ef operations.
100	Date of op
Address Bash Manual	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or reproyal. Which?) Date thereof. Out 9 - 1945 (Burial, cremation, or reproyal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.
Cemetery or crematory of the American	Where did injury occur? Oct as aty workstuf mile (City or town) (County)
Location Borlin Bogg	injured at home, farm, industry, public place (where?)
18. Funeral director frame of Silver and	Means of Injury Cut by Territy Injured at work?
Address Balesbury Md	23. SIGNATURE TOLLE L. They Deb. M. D. or other
19. (Date rec'd by registrar)	manto. Alla XI al



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2412 USUAL RESIDENCE (HOME

118416

Reg. Dist. No. 333 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED! (For-newborn infants give residence of mother County..... (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Ilf outside city or town limits, write RUI Hospital, institution, or street address where death occurred: (Lirural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife..... 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death 8. AGE: Days If less than one day (Town, county, and state) 1D. Usual occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following; Date thereof... Accident, suicide, or homicide..... Where did injury occur? injured at home, farm, Industry, public place (where?) injured at work? Means of injury

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information carefully. The of death clearly and legibly

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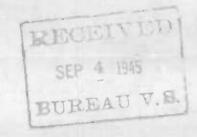
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

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CERTIFICATE OF DEATH

Reg. Dist. No. b

	and a state and a summer constitution
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town limits, write RURAL and give reset town) Street No
3.(a) FULL NAME Ricco	3. (b) Social Security Number 189-09-56-55
4. Sex 5. Color or raco 6.(a) Singlo, married, widowed, or divorced made mayor Married Rights	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20 20 19 45 at 6-05 P. M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	and that I last saw h alive on 19
8. AGE: Years Months Days If loss than one day	Thature skull 2 dags
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11. Industry or business 12. Name	Other conditions
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18. Interment Gerily Ters Address Vacous to City RR * 2	Autopsy results
17. Button (Burial, cremation, or removal, Which?) Cemetery or crematory (day) (year)	Accident, suicide, or homicide. Where did injury occur? (City or town)
18. Funeral director. Da. C.	Means of injury when Cause of Free Nurse at work?
19. S. O. 19 do Hassell Vegistrar	Address Date Street Date Signed Day 2/ 4

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PETERS TO DELABORATION AND ADDRESS OF

THE REAL PROPERTY.

AUG 28 1945

2411 N. Charles St., Baltimore [3] a

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

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MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No. 330

City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Charley It. Robinson	3. (b) Social Security Number
4. Sex 5. Color or face 4(a) Single, married, widowed, of divorced 4. Sex 5. Color or face 5. Color or face	MEDICAL CERTIFICATION 20. DATE OF DEATH. CUG 45 704 19 45 21 6 30 A. M.
6.(b) Name of husband or wife. 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Cucy cust 25 19. 45 to Cus cust 29 19. 45 and that I last eaw h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day No. No	Immediate cause of death DURATIBN Carren of Calendra October Carren October Carren October Carren October Carren October Carren
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11. Industry or business Charles Wolanesse 12. Name Charles Wolanesse 13. Birthplace	Other conditions Cleasuic neplining
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16. Informant Bertha Bernett	Antopsy results
17. But Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
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18. Funeral director. Gravenor Bross Address Marketonia Ma	Masens of Injury Injured at work? Oliver of Injury Survive Su
19. 9/1/45 19. WANDfull	23. SIGNATURE M. D. er other Address. / Lelist Tai Date signed Cull 30-4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.

CERTIFICATE OF DEATH

4.					-	-
	Rev.	Dist.	No.	3	5	-

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			Re	g. Diet. 110., A
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEAS (For newborn infants give residence of mother)	SED:
County Wicomico City or town Salisbury Rural			Manyal and W4	comico
City or town. Sallsbur		RURAL and give nearest town)	State Mary Lattu County W1	OOMITOO
How long in above place of death?	S T	Sanatorium	City or town Mardela Springs (If ontside city or town limits, write RU	RAL and give nearest town)
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How long in hospital or institution? 5 mo 28 days			2.(d) If veteran, name war	
3. (a) FULL NAME			3. (b)	Social Security Number
Florence	Eva Sr	nith		
4. Sex 5. Color or race	6.(a)Sing	rle, married, widowed, or divorced	MEDICAL CERTIFIC	CATION
F W	S		20. DATE OF DEATH August 7 1945	19 1 6.45
8.(b) Name of husband or wife			21. 1 CERTIFY that death occurred on the date above stated; t	
ATTENDED TO SERVICE OF THE SERVICE O			2/9/45	8/7/45
7. Birth date of No.		(c) If alive, give ageyears	and that I last saw her alive on 8/7/45	
deceased (mo., day, yr.) 1VOV	22, 192	30	Immediate cause of death	
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12. Name Elija Em				
	Figgs		(Include pregnancy within 3 months of de	enth)
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18 Holloway , 6)	Valler	P. Holloway	Means of Injury	Jured at work?
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19. 8/10/19.2	6-12	regist & la	huse O	M. D. or other
19. (Date rec'd by registrar)	46	Registrat	Address alistry MA.	Date signed

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AUG 13 1945

BUREAU V.S.



DURATION

Reg. Dist. No. 3.33

MEDICAL CERTIFICATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did Injury occur?(City or town) (County)

Injured at home, farm, Industry, public place (where?)

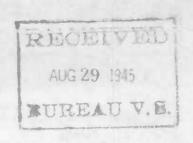
Means of Injury Injured at work?

M. D. or other

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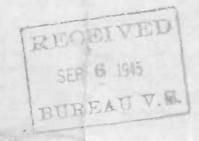




AUG 27 1945 WUREAU V.E.

Registrar

(Date rec'd by registrar)



2411 N. Charles St., Baltimore 1150)

1	CERTIFICAT	TE OF DEATH Reg. Dist. No. 333
	1. PLACE OF DEATH: County Cily or town. (If outside efty or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
	7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days II less than one day hrs. min. 9. Birthplace Months Rounty, and states of the state of the	and that I last saw holderalive on 6/2 2/4/1 19 Immediate cause of death DURATION Due to. 19/2 19/4/1 19/
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6.0	18, Informant	Antopsy results. PHYSICIAN: Please underline the cause to which death should be tharged statistically. 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carrect age is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

118424 Reg. Dist. No. 3.33

... Date signed. 8.4

0	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
bly	County	(For newborn infants give residence of mother)
fully. The	m halienn	State Mas County Wicemise
y.	(If outside city or town limits, write RU AL and give nearest town)	Salvaline
	How long in above place of death?	(If outside city or town limits, writ RURAL and give negrest town)
	Hospital, Institutor, or street address where death occurred:	Street No. Ruel &
careful arly an	Salistury Hural 2	(If rural, give LOCATION)
on care	How long In hospital or Institution?	2.(a) If veteran, name war
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ormat	5.(6) TOLE HAME IN X 1 A A	3. (b) Social Security Number
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inf	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
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-	6.(U) Name of husband or wife	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from
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rer e t	T. Blub date of years	
rit	7. Birth date of deceased (mo., day, yr.) Nov 10 1910	and that I last sawnalive on a
ylc	8. AGE: Years Months Days If less than one day	Immediate cause of death
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Sa	34 8 24nrsmin.	control / words
K. p	9. Birthplace Wisaurist (Jown, county, and state)	Due to.
ADING IN Physicians:	21	
D:5	10. Usual occupation.	Due to
As l	tt. Industry or business	
AL Ph	# 12 Name Purnell D. White	All.
표 .	E	Other conditions
WITH UNF important.	El 13. Birthpiace William Cur, Parel	(Include pregnancy within 3 months of death)
Ttt	14 Maiden name Sallie V. Bounds	
Edi	20/	Major findings of operations.
₹.ii	E t5. Birthplace Mycomore as, mad	Date of op.
Ly.	t6, informant Wooderd J. Mehrell	Autopsy resnits
Z E	2 lac med DO2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
AINLY, especially	Address Sallabury Ma, 17 P.L.	22. VIOLENCE: If death was due to external causes, fill in the following:
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WI	Location	
B	18. Funeral director The feel & Jahreson Co-	Means of Injury Injured at work? W. D.
S	Address Splistilin mol	The state of the s
EA	Addless Miles	23. SIGNATURE Deputy had zam
7		M D on other

Registrar | Address

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PLEASE WRITE PLAINLY

(Date rec'd by registrar)

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly.

AUG 11 1945 BUREAU V.S. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consestive especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33d)

CERTIFICATE OF DEATH

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	Reg. Dist. No.
1. PLACE OF DEATH COMIC	2. USUAL RESIDENCE (HOME) OF DECLASED:
County	State /// / A . gently /2 Come G
City or town(If outside city or to ynalimits, write RURAL and give nearest town)	Jaluly
How long in above place of death?	(If outside city or town limits write dURAL and the mearest town)
Hospital Institution, or start address where the occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) It veteran, name war
3. (a) FULL NAME James alpheur	3. (b) Social Security Number
4. Sex 5. Alar of see 6.(4) lingle, merried, widowed, or divorced	MEDICAL CERTIFICATION
Male Mille / Redoming	20. DATE OF DEATH aug. 2 20 19 45 at 7 a N
alie Jane White	21. I CERTIFY that death occurrer on the date above stated; that I attended deceased from
B.(b) Name of husband or wite	1 9 4 2 19 to Dang 2 19 4J
7. Birth date of 4 26 year	and that I last saw h hammalive on
deceased (mo., darwys 44. 27-1000	Immediate-cause of death DURATION
8. AGE: Years Months Days If less than one day	Chromysenratio 3 gr
Wilingian Md	Due to.
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12. Name Tarmy Ti White	
	(Include pregnancy within 3 months of death)
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E 15. Birthplace / Surgegue frech,	
16 Interment Mus. Elma Nang	Kitopsy results
Addrest 3. Clander Court. Salishyl	HYSICIAN: Please underline the cause to which death should be charged statistically.
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(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
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8/5- 115 Affect & Oc	M. D. or other
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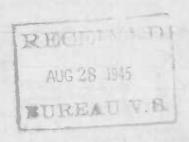
AUG 13 1945 BUREAU V.S.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Wilowile	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town. (If outside city or town-limits, write RURAD and give nearest town)	State Md County Suchsmile
1 1 2 110	City or town (If outside city or town limits, white RURAL and give nearest town)
How long in above place of death?	street No. 637 Paplantil and
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male a.a. Married	20. DATE OF DEATH. Ruff 18 1945 at 2P
8, (b) Name of husband or wife framalena lulaon	21, I CERTIFY that death occurred on the date above stated; that I atlended deceased from
Man & (c) If alive, give age years	19. 19. 19. 10. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
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E 12. Name Alexandra Alexa	Other conditions Atthering 6 mo
Y 13. Birthplace Olymbar Outland	
14. Maiden name Washandula	(Include pregnancy within 3 months of death)
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O A	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Salinderry and	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, eutcide, or homicide
Cemetery or crematory. and in gloss whe	Where did injury occur?
Location National Cleaneling A lan Washing	Injured al home, farm, Industry, public place (where?)
18. Funeral director Assault H. Stellart	Means of Injury Injured at work?
Address Solinbury md	golde bloms
2 100 11/ Value 40 Cal	23. SIGNATURE.
(Date rec'doy registrar) (Date rec'doy registrar)	Address Salestung 100 Day signed 8/22/19

VS A15

PLEASE WRITE PL



CEDTIFICATE OF DEATH

Date signed . Q.

age	2411 N. Charles St., Baltimore 121		
rect	CERTIFICAT	TE OF DEATH Reg. Dist. No. 3.3.3.	
oly.	1. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
y. The control legibly.	City or town (If outside city or town lights, write BURAL and give nearest town)	State Mile County of West and Park	
carefully.	How long in above place of death?	City or town	
on caref	How long in hospital or Institution? Alanah turn hangs	(If rural, give LOCATION)	
ormatio death c	3. (a) FULL NAME	3. (b) Social Security Number	
infori of de	4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	blory know	
of	male a.a Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.	
every item ite the caus	6.(b) Name of husband or wife 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
WE	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION	
Suppl	72 cleanthrsmin.	Cookel Henneloge 3 dup	
INK.	9. Birthplace (Town, county, and state)	Due to	
ADING INK Physicians:	10. Usual occupation	Due to	
T.	12. Name LOLL woods	Other conditions acute off-white Edisp	
WITH UNF	13. Birthplace 7 ranklin va	(Include pregnancy within 3 months of death)	
WITI	15. Birthplace of ramples us	Major findings of operations. October 25 10 145	
CAINLY, especially	Address Sol Liste and A	Autopsy results	
PLAINLY, is especially	17. Buriai, cremation, or rymoyal. Which?) Date thereof. (Gonth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	
TE is	Cemetery or cremetory Gullet	Where did injury occur?	
WRI	Location Destandence of the State of the Sta	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	
ASE	Address Palishery M. C.	Japanden uD	
PLE	10 8/21 10 H5/ Haggiet & ON	23. SIGNATURE M. D. or other	

Revistrar Address...

VS A15

19. (Date reo'd by registrar)

AUG 28 1945 MUREAU V.S.